Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I									SMALL	ENTITY		OTHER	THAN
			(Column 1)			(Column 2)			TYPE		OR	SMALL	
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE		RATE	FEE
ВА	SIC FEE									345.00	OR		690.00
TC	TAL CLAIMS		115 minus 20=			. 95			X\$ 9=	855	OR	X\$18=	
	EPENDENT CL		13	minus	3 =	<u>* /0</u>			X39=	390	OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL	1590	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		REM/ AF	AIMS AINING TER DMENT		Pf	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* 3	59.	Minus	**	115	= '		X\$ 9=		OR	X\$18=	
	Independent FIRST PRESE	*	9 N 05 M	Minus	***	<u> </u>	= /		X39=		OR	X78=	
	FINOT FRESE	NIAIIC	IN OF IN	JETIFEE DEF	CIVI	DENT CLAIM	······································	י [+130=		OR	+260=	
									TOTAL		OR	TOTAL	
		(Coli	ımn 1)		ıc	Column 2)	(Column 3)	,	ADDIT. FEE		,	ADDIT. FEE	
AMENDMENT B		CL REMA	AIMS AINING TER DMENT		Pi	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	٠ ر	27	Minus	**	115	=		X\$ 9=		OR	X\$18=	
	Independent FIRST PRESE	* /	N OF MI	Minus JLTIPLE DEF	PEND		= /		X39=		OR	X78=	
								'	+130=		OR	+260=	
								Δ	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
•		(Colu	ımn 1)			Column 2)	(Column 3)						
AMENDMENT C		REM/	AIMS AINING TER DMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 9	6	Minus	**	115	=		X\$ 9= ·		OR	X\$18=	
	Independent	*	8_	Minus	***		= /		X39=		OR	X78=	
•	FIRST PRESE		N OF MU	JLTIPLE DEF	PENE	DENT CLAIM	·	┞			On		
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3								+130=		OR	+260=	
***	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I									YTITY		OTHER THAN		
			(Column	1)	(Colui	TYPI	TYPE			SMALL	ENTITY		
TOTAL CLAIMS							R/	ATE.	FEE	1	RATE	FEE	
FO	R		NUMBER FILED		NUMBER EXTRA		BAS	C FEE	355.00	OR	BASIC FEE	· 710.00	
то	TAL CHARGEA	BLE CLAIMS	minus 20=		• 7		XS	S 9=		OR	X\$18=		
IND	EPENDENT CL	AIMS	ų minus 3 =		*		X	10=	· · · · · · · · · · · · · · · · · · ·	OR	X80=		
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT			+1	35=		OR	+270=			
* If the difference in column 1 is less than zero, enter "0" in column 2							ТО	TAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II								OTHE					
(Column 1) (Column 2) (Column 3)							SMALL ENTITY			OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RA	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=		
	Independent	NTATION OF M	Minus	***	CL AIAA	<u> -</u>	X4	+O=		OR	X80=		
	FINST PRESE	INTATION OF IVI	OLTIPLE DEF	PENDEN	CLANVI		+1	35=		OR	+270=		
								OTAL		OR	TOTAL		
		(Column 1)		(Colui	mn 2)	(Column 3)	AUUI	r. FEE	<u> </u>		ADDIT. FEE		
	P 4. 15.	CLAIMS		HIGH		(Column 3)	_		400L	i 1		ADDI-	
ENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA	R/	ΝΤΕ	ADDI- TIONAL FEE		RATE	TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=	X\$	9=		OR	X\$18=		
\ME	Independent	*	Minus	***		=	X4	l0=		OR	X80=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									011			
							+13	35=		OR	+270=		
								OTAL . FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colur	mn 2)	(Column 3)							
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	+	Minus	**		=	X\$	9=		OR	X\$18=		
	Independent	*	Minus	***		=	X4	0=		OR	X80=		
٩	FIRST PRESE	NTATION OF M	ULTIPLE DEPENDENT CLAIM				<u> </u>		· .	OH			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.) E			+270=		
_		•				L 0	+13		i i	OR	+270-		
**	If the entry in colu If the "Highest Nu	•	aid For" IN THI	S SPACE i	is less tha	n 20, enter "20."	L	OTAL	1	ΛD	TOTAL ADDIT: FEE		